

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 12 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34819
9622

Registration District No. 318 Primary Registration District No. 100's Registrar's No.

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... St. Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. John's Hospital.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether years, months or days)
In this community.....

3. (a) PRINT FULL NAME GEORGE B. WEAREN.

3. (b) If veteran, name war..... no. 3. (c) Social Security No. 497-03-2515

4. Sex Male. 5. Color or race White. 6. (a) Single, widowed, married, divorced Married.

6. (b) Name of husband or wife..... Monte H. Wearen. 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased..... September 21, 1874.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74. 1. 12. hr. min.

9. Birthplace Stanford, Kentucky.
(City, town, or county) (State or foreign country)

10. Usual occupation Buyer for

11. Industry or business Bettendorf Markets.

12. Name Burdett K. Wearen.

13. Birthplace Kentucky.
(City, town, or county) (State or foreign country)

14. Maiden name Annie Denton.

15. Birthplace Kentucky.
(City, town, or county) (State or foreign country)

16. (a) Informant Elizabeth W. Smith.

(b) Address 142 Peeke, Kirkwood, Mo.,

17. (a) burial. (b) Date thereof Nov, 5, 1948.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cemetery.

18. (a) Signature of funeral director C.R. Lupton & Sons.

(b) Address #7233 Delmar Bl'vd.

19. (a) NOV 4 1948 (b) J.B. Lupton
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County St. Louis,
(c) City or town Clayton, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 607 Forest Court.
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov, day 3rd,
year 1948. hour 7:30 minute P. M.

21. I hereby certify that I attended the deceased from
Oct. 19, 1948, to Nov. 3, 1948
that I last saw him alive on Nov. 3, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death
Arteriosclerotic Heart Disease 6 mos
Congestive Heart Failure 3 mos

Due to.....
Due to.....

Other conditions Cerebral Thrombosis 3 wks
(Include pregnancy within 3 months of death)

Major findings: None
Of operations.....

Of autopsy.....

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur?.....
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?..... (Specify type of place)
(e) Means of injury D

23. Signature R.V. Purcell (M. D. attest)

Address 3720 Washington Date signed 11-4-48.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

2. PM

93-3600
1 to 3 PM

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Clarence H. Murray

Licensed Embalmer No. 4011

P. O. Address St. Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.